

ATTACHMENT 1

REQUIRED ATTACHMENT CHECK LIST

A complete proposal or proposal package will consist of the items identified below. Complete this checklist to confirm the items in your proposal. Place a check mark or "X" next to each item that you are submitting to the State. For your proposal to be responsive, all required attachments must be returned. This checklist should also be returned with your proposal package.

<u>Attachment</u>	<u>Attachment Name/Description</u>
_____ Attachment 1	Required Attachment Check List
_____ Attachment 2	Bidder Certification Sheet
_____ Attachment 3	Technical Proposal (RFO Section 7.3) Includes the following documentation: <ul style="list-style-type: none">• Executive Summary• Agency Capability Section• Work Plan• Project Personnel
_____ Attachment 4	Proposer References (RFO Section 7.4)
_____ Attachment 5	Disabled Veteran Business Enterprise Participation (RFO Section 7.5A)
_____ Attachment 6	MH 1157, Small Business Preference Program (RFO Section 7.5B)
_____ Attachment 7	Cost Proposal (RFO Section 8.0) PLACE COST PROPOSAL IN A SEPARATE, SEALED ENVELOPE. Do not attach with the documentation referenced above.

ATTACHMENT 2

BIDDER CERTIFICATION SHEET

This Bidder Certification Sheet must be signed (original signatures only) and returned along with all the "**RFO PROPOSAL RESPONSE REQUIREMENTS**" (referenced in Section 7.0 of this RFO) as an entire package.

- A. Place all required documents behind this certification sheet.
- B. The signature affixed hereon and dated certifies compliance with all the requirements of this RFO response. The signature below authorizes the verification of this certification.

**An Unsigned Bidder Certification Sheet
May Be Cause For Rejection**

1. Company Name	2. Telephone Number ()	2a. Email Address		
3. Address				
Indicate your organization type:				
4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input type="checkbox"/> Corporation		
Indicate the applicable employee and/or corporation number:				
7. Federal Employee ID No. (FEIN)	8. California Corporation No.			
9. Indicate applicable license and/or certification information:				
10. Bidder's Name (Print)		11. Title		
12. Signature		13. Date		
14. Are you certified with the Department of General Services, Office of Small Business Certification and Resources (OSBCR) as:				
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border-right: 1px solid black; padding: 5px; vertical-align: top;">a. California Small Business Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number: _____</td><td style="width: 50%; padding: 5px; vertical-align: top;">b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter your service code below: _____</td></tr></table>			a. California Small Business Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number: _____	b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter your service code below: _____
a. California Small Business Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number: _____	b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter your service code below: _____			
NOTE: A copy of your Certification is required to be included if either of the above items is Date application was submitted to OSBCR, if an application is pending:				

Completion Instructions for Bidder Certification Sheet

Complete the numbered items on the Bidder Certification Sheet by following the instructions below.

Item Numbers	Instructions
1, 2, 2a, 3	Must be completed. These items are self-explanatory.
4	Check if your firm is a sole proprietorship. A sole proprietorship is a form of business in which one person owns all the assets of the business in contrast to a partnership and corporation. The sole proprietor is solely liable for all the debts of the business.
5	Check if your firm is a partnership. A partnership is a voluntary agreement between two or more competent persons to place their money, effects, labor, and skill, or some or all of them in lawful commerce or business, with the understanding that there shall be a proportional sharing of the profits and losses between them. An association of two or more persons to carry on, as co-owners, a business for profit.
6	Check if your firm is a corporation. A corporation is an artificial person or legal entity created by or under the authority of the laws of a state or nation, composed, in some rare instances, of a single person and his successors, being the incumbents of a particular office, but ordinarily consisting of an association of numerous individuals.
7	Enter your federal employee tax identification number.
8	Enter your corporation number assigned by the California Secretary of State's Office. This information is used for checking if a corporation is in good standing and qualified to conduct business in California.
9	Complete, if applicable, by indicating the type of license and/or certification that your firm possesses and that is required for the type of services being procured.
10, 11, 12, 13	Must be completed. These items are self-explanatory.
14	If certified as a California Small Business, place a check in the "yes" box, and enter your certification number on the line. If certified as a Disabled Veterans Business Enterprise, place a check in the "Yes" box and enter your service code on the line. If you are not certified to one or both, place a check in the "No" box. If your certification is pending, enter the date your application was submitted to OSBCR.

ATTACHMENT 3

TECHNICAL PROPOSAL

Attention Proposers: Refer to RFO Section 7.3 for all submission requirements related to the technical proposal.

ATTACHMENT 4

REFERENCES

Attention Proposers: Refer to RFO Section 7.4 for all submission requirements for your references.

ATTACHMENT 5

DVBE RESPONSE

Attention Proposers: Refer to RFO Section 7.5A for all submission requirements related to responding to the Disabled Veteran Business Enterprise Participation Program.